TO THE COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

Sir:

INVENTOR(S): LaVern ALECCI	0
TITLE: PLUMB BOB SQUARE BRACKET	7.
	2856 U.S PT
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This application is being filed without the declaration of the	56)/7
inventor(s). Inventor information is as follows:	1,28
This is a continuing application of prior Application No/,	filed
- Continue titus	
Continuation Divisional	
DIVISIONAL Continuation-in-part	
Continuation in part	
Enclosed are:	
X Specification	
X 3 Sheet of drawings	
\underline{X} Oath or Declaration signed by the inventor(s)	
X Newly Executed	
Copy of Oath or Declaration from a Prior Application	
PLEASE DELETE the following inventor(s) named in the prior	
nonprovisional application:	
The inventor/e) to be deleted one set footb	
The inventor(s) to be deleted are set forth on a separate sheet attached hereto.	
If copy of Declaration filed, the entire disclosure of the prior	
application, from which a copy of the oath or declaration is	
supplied, is considered as being part of the disclosure of the	
accompanying application and is hereby incorporated by reference	
therein.	
Microfiche Computer Program	
Nucleotide and/or Amino Acid Sequence Submission	
Assignment to	-
Certified copy of Convention priority is claimed.	_
English Translation Document	
X Small entity status is claimed	

703 837-9600

Preliminary Amendment

Information Disclosure Statement
Form PTO-1449 w/copies of references cited

(Large Entity)

\$770

703 837-9600

1727 King Street, Suite 105 Alexandria, VA 22314-2700 (703) 837-9600 Ext. 16

Please charge Deposit Account in the amount of \$ (A duplicate copy of this sheet is enclosed)
<pre>X A check in the amount of \$ 385.00 is enclosed to cover:</pre>
A payment of \$ is made by credit card. A Credit Card Payment Form (PTO-2038) is attached hereto. The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR 1.16 or any patent application processing fees under 37 CFR 1.17, or credit any over payment to the credit card account shown on the attached Credit Card Payment Form. Refund of all amounts overpaid, including those of twenty-five dollars or less, is specifically requested.
X The Commissioner is hereby authorized to charge payment of any additional claims fees required under 37 CFR \$1.16 or processing fees under 37 CFR \$1.17, or credit any overpayment, to Deposit Account No. 04-0753. A duplicate copy of this sheet is enclosed.
Date
DENNISON, SCHULTZ, DOUGHERTY & MACDONALD

PLEASE ENTER PRELIMINARY AMENDMENT PRIOR TO CALCULATING FILING FEE

- 3 = -

-20 = - x + 9 =

x \$ 43 =

(Small Entity)

x \$ 18 =

x \$ 86 =

+ \$290 =

\$385

\$385

The Filing Fee has been calculated as shown:

10

2

Multiple Dependent Claims Presented + \$145 =

BASIC FEE

TOTAL

Total Claims

Indep. Claims